

LOUISIANA DEPARTMENT OF INSURANCE

1702 North 3rd Street (70802)
P O Box 94214
Baton Rouge, LA 70804-9214
(225) 219-4773 - Telephone / (225) 342-5711 - Fax

HEALTH INSURANCE TRANSMITTAL DOCUMENT

DEPARTMENT USE ONLY		
LA DOI Filing #		
Received Date:		
EIC:		
Close Date:		
Disposition Code:		
Disapproval Reason:		
Filing Fee Amount Due - \$	Batch & Classification #s	
Refund Amount - \$	Issue Date:	Check #

1	INSURER NAME & ADDRESS	
	Domicile:	
	NAIC Group #	
	NAIC #	
	FEIN #	

2	FILER / CONTACT NAME, TITLE & ADDRESS	
	E-Mail Address	
	Phone #	
	Fax #	

3	FILING METHOD	a) Paper	
		b) Electronic / SERFF	
		→ Tracking #	
4	COMPANY TRACKING #		
5	FILING SUBMISSION DATE		
6	FILING FEE AMOUNT PAID (if any)	Check #	\$
7	DATE of DOMICILIARY APPROVAL		
8	LA DOI PRODUCT CODE		

9	TYPE OF REVIEW		Indicate (x) Below
	a) Compliance Review		
	b) Certification of Compliance		
	c) Informational		

FILING SUBMISSION TYPE		Indicate (x) Below
10	a) New Insurance Product	
	b) Exception (Partial Filing)	
	c) Resubmission - Revised Forms Previously Approved	
	→ Date Previously Approved:	LA DOI Filing #
	d) Resubmission - Revised Forms Previously Disapproved	
	→ Date Previously Disapproved:	LA DOI Filing #
	e) Amendment of Form Previously Approved	
	→ Date Previously Approved:	LA DOI Filing #
	→ Will Product Continue to be Marketed?	
	f) Permanent Withdrawal of Previously Approved Product	
→ Date Previously Approved:	LA DOI Filing #	
→ Will existing business continue to be renewed?		

11	FILING DESCRIPTION

SUBMITTED DOCUMENTS		Indicate (x) Below
12	a) Filing Fee	(If applicable)
	b) Statement of Compliance	(If applicable)
	c) Certification of Compliance	(If applicable)
	d) Compliance Affidavit	(If applicable)
	e) Group Master Policy	(duplicate copies)
	f) Certificate of Coverage	(duplicate copies)
	g) Subscriber Agreement	(duplicate copies)
	h) Conversion Policy	(duplicate copies)
	i) Individual Policy	(duplicate copies)
	j) Schedule of Benefits	(duplicate copies)
	k) Application (Group or Individual)	(duplicate copies)
	l) Enrollment Form	(duplicate copies)
	m) Rider / Endorsement	(duplicate copies)
	n) Identification Card	(duplicate copies)
	o) Outline of Coverage	(duplicate copies)
	p) Replacement Notice	(duplicate copies)
	q) Plan of Operation	(duplicate copies)
	r) Personal Worksheet, Disclosure, and/or Suitability Letter	(duplicate copies)
	s) Premium Rates / Classification of Risks	(If applicable)
t) Advertising	(duplicate copies)	
u) Association Constitution, By-laws, Membership Application, Membership Agreement, and Brochure of Membership Benefits other than insurance.	(Group Assn Plan)	
v) Trust Agreement, Articles of Incorporation or other instrument creating the Trust, and Member Adoption Agreement.	(Group Trust Plan)	
w) Other:		

METHOD OF MARKETING		Indicate (x) Below
13	a) Independent Agents / Producers	
	b) Captive Agents / Producers	
	c) Telephone, E-mail or Direct Mail Solicitation	
	d) Internet Advertisements	
	→ Provide Web Address:	
	e) Group or Organization Sponsor	
	→ Identify Grp / Sponsor:	
	f) Third Party Administrator	
	g) Association	
	h) Trust	
i) Other (Describe on Line 11 - Filing Description)		

LICENSED THIRD PARTY ADMINISTRATOR - NAME & ADDRESS		
14		Telephone #
		Fax #

LICENSED MEDICAL NECESSITY REVIEW ORGANIZATION - NAME & ADDRESS		
15		Telephone #
		Fax #

HEALTH INSURANCE POLICY FORM / ADVERTISING FILING ATTACHMENTS				
16	Company Tracking #			LA DOI Filing #
	Document Name	Form Number	Form Status	Revised / Replaced Form #
	Description			Previous LA DOI Filing #
	a)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other
b)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
c)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
d)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
e)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
f)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
g)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	
h)			<input type="checkbox"/> - Initial <input type="checkbox"/> - Revised <input type="checkbox"/> - Approved <input type="checkbox"/> - Other	

HEALTH INSURANCE PREMIUM RATE FILING ATTACHMENTS				
17	Company Tracking #		LA DOI Filing #	
	Document Name / Description	Affected Form Number	Rate Status	Previous LA DOI Filing #
a)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
b)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
c)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
d)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
e)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
f)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
g)			Initial	
			Revised: + ____ % Revised: - ____ % Other	
h)			Initial	
			Revised: + ____ % Revised: - ____ % Other	

